

Department For Behavioral Health, Developmental and Intellectual Disabilities
Administration and Financial Management
Verification of ICF and NF Reimbursement Rates

Facility: Eastern State Hospital LTC/ABI

2017

Nursing Cost

1.	Total Allowed Nursing Cost	\$ 1,092,176.00
2.	Trending Factor	1.0230000
3.	Trended Nursing Cost	\$ 1,117,296.05
4.	Indexing Factor	1.0270000
5.	Indexed Nursing Cost	\$ 1,147,463.04
6.	Patient Days	1,729
7.	Nursing Services Per Diem Payment Rate	\$ 663.66

All Other Cost

1.	Other Care Related Costs	\$ 99,149.00
2.	Other Operating Costs	\$ 632,126.00
3.	Indirect Ancillary Costs	\$ 5,067.00
4.	Total All Other Costs (Other Than Capital) - calculated	\$ 736,342.00
5.	Trending Factor	1.0230000
6.	All Other Costs Trended - calculated	\$ 753,277.87
7.	Indexing Factor	1.0270000
8.	All Other Costs Indexed	\$ 773,616.37
9.	Capital Costs	\$ 239,444.00
10.	Total All Other Costs (Trended and Indexed)	\$ 1,013,060.37
11.	Patient Days	1,729
12.	All Other Cost Per Diem	\$ 585.92

Payment Rate Computation

1.	Nursing Services Per Diem Payment Rate	\$ 663.66
2.	All Other Cost Per Diem Rate	<u>\$ 585.92</u>
	TOTAL RATE	<u>\$ 1,249.58</u>

